

## United States District Court

WORCESTER

DISTRICT OF

MASSACHUSETTS

JUAN CARLOS HERNANDEZ

Plaintiff

V.

INS.

WARDEN DAVID L. WINN, et al.

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

05-40068

I, JUAN CARLOS HERNANDEZ

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration FMC DEVENS P.O BOX 879 AYER MA 01432

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

- a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

- b. if the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A I AM DISABLE

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

AO 240 (1/94)

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount. N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

4-24-05

DATE

Hernandez Juan  
SIGNATURE OF APPLICANT

### CERTIFICATE

(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 1130.00 on account to his/her credit at (name of institution) FEDERAL MEDICAL CENTER DEVENA MA. I further certify that the applicant has the following securities to his/her credit: N/A

I further certify that during the past six months the applicant's average balance was \$ 1050.00

4/23/04  
DATE

Jur Bonilla, Correctional Counselor  
SIGNATURE OF AUTHORIZED OFFICER